## Best Available Copy

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

09487726

<u> </u>					0 0								
		CLA	AIMS AS FILED - PA (Column 1)			ART I (Column 2)			SMALL TYPE		OR	OTHER	
FOR				R FILED		NUMBER	EXTRA		RATE	FEE		RATE	FEE
BASIC FEE			A CANADA A							345.00	OR	7,0	690.00
TOTAL CLAIMS			/						X\$ 9=		OR	X\$18=	
INC	DEPENDENT CL	AIMS.	/ minus 3 = "						X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT								+130=		OR	+260=		
• If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR OR	TOTAL	610	
CLAIMS AS AMENDED - PART II										L		OTHER	
	K (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL	1
AMENDMENT A		CLA REMA AFT AMENO	INING ER		PRI	IGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 7	7	Minus	••	50	= 0		X\$ 9=		OR	X\$18=	0
	Independent	* B		Minus	•••	3	= 0		X39=		OR	X78=	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM O									+130=		OR	+260=	0
												TOTAL	0
ADDIT, FEEOH ADDIT													<u> </u>
AMENDMENT-B		CLA	IMS INING - ER		. H N PRI	IGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE
	Total	•	<u> </u>	Minus	**	<del></del>	5		X\$ 9=	,	OR	X\$18=	
	Independent	NTATIO	NOE MI	Minus	PENID	ENT CLAIM	=		X39=		OR	X78 <sub>=</sub>	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+130=		OR	+260≈	
									TOTAL ODIT. FEE		OR	TOTAL ADDIT. FEE	
	Total Marie		1										
AMENDMENT C		CLA REMA AFT AMENI	INING TER		PR	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•		Minus	••		=		X\$ 9=		OR	X\$18=	
	Independent	•		Minus	***		=		X39=			X78=	
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								773=		OR	^/b=	<b> </b>
•	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+260=	·
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
	The Highest Nun							er fou	nd in the an	od etsinoon	x in col	lumo 1.	